

AREN0321 DATA CHECKLIST

QARC Contact:

Katie Karolczuk

Kkarolczuk@qarc.org

Phone (401) 753-7600

Fax (401) 753-7601

COG Registration #: _____

Date of first RT: _____

Initial on-treatment data (Due within 3 days of starting RT):

- _____ Prescription sheet for entire treatment
- _____ RT-1/IMRT Dosimetry Summary Form
- _____ Motion Management Reporting Form (if applicable)
- _____ RT simulation films/DRRs for each field
- _____ Treatment planning system summary report that includes the monitor unit calculations, beam parameters, calculation algorithm, and volume of interest dose statistics
- _____ Color isodose distributions
- _____ Room's Eye View
- _____ Beam's Eye Views (3D Conformal)
- _____ Documentation of independent check of calculated dose (IMRT)
- _____ DVHs for CTV, GTV, PTV and PRVs
- _____ DVH for "unspecified tissue" (IMRT)
- _____ If the recommended doses to the organs at risk are exceeded, an **explanation** should be included.
- _____ Digital treatment plan
- _____ All required diagnostic imaging**** (see list below)

Final Data (Due within 1 week of completing RT):

- _____ RT-2 Form
- _____ Daily RT Treatment Chart (including prescription and daily and cumulative doses to all required areas and organs at risk)
- _____ Data displaying changes made subsequent to submission of on-treatment data

Diagnostic Imaging

- _____ CT/MR of Abdomen & Pelvis
- _____ CT of Chest

Please identify the time point(s) for the study or studies included in this film submission:

- _____ PreStudy (******Must be submitted for on-treatment review if not already submitted for AREN03B2**)
- _____ Post 2 cycles of Window therapy (if applicable)

- MAIL ALL DATA TO:
 - QARC
 - Suite 201
 - 640 George Washington Highway
 - Lincoln, RI 02865

If you need verification of receipt of this data, please write your name & email address:
